



The State Bar of California
OFFICE OF CERTIFICATION
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2325 · mjp@calbar.ca.gov

FOR OFFICIAL USE ONLY

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☐ \$
☐ No Pmt.

Application #: _____

**Out-of-State Attorney Registered In-House Counsel Program
Application**

1) Applicant Information:

Type or Print Clearly:

Last Name: _____ First Name: _____ Middle Name: _____

*Qualifying Institution Address: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

***The above is your address of record for all State Bar Correspondence. Address records maintained by the Membership Records Department are public records subject to disclosure upon request. They also are posted on the State Bar's Web site. Provide your personal address here if you wish to use it as your address of record.**

Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: () - Fax: () -

Date of Birth: _____ Place of Birth: _____

Undergraduate School: _____ Law School: _____

2) Qualifying Institution Information:

Date of Employment as an In-House Counsel: _____

Employing Institution: _____

Employer Contact: _____

E-mail: _____ Phone: () - Fax: () -

You must notify The State Bar of California within 30 days if there are any changes to your address or employment during the period of time you are serving as Registered In-House Counsel.

3) Attachments:

- ☐ Attachment A: Declaration of Applicant.
- ☐ Attachment B: Declaration of Qualifying Institution.
- ☐ Attachment C: Admissions/Standing List.
- ☐ Attachment: Application for Determination of Moral Character.
(IN A SEALED ENVELOPE)
- ☐ \$913 payment. Make check payable to: The State Bar of California
IMPORTANT NOTE: Effective January 1, 2005 the Determination of Moral Character fee becomes \$378. Applications submitted after January 1, 2005 should be submitted with a \$928 payment.

MAIL PAYMENT TO:

The State Bar of California
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Out-of-State Attorney Registered In-House Counsel Program
Application Attachment A- Attorney Declaration

- a. I am currently a member in good standing of and eligible to practice law in at least one jurisdiction in the United States.
- b. I am not suspended, disbarred or resigned with charges pending from any professional occupational disciplinary agency or licensing board.
- c. I agree to be subject to the disciplinary authority of The Supreme Court of California and The State Bar of California with respect to the law of The State of California governing the conduct of attorneys, to the same extent as a member of The State Bar of California.
- d. As Registered In-House Counsel, I will practice law for a SINGLE Qualifying Institution in California which employs me.
- e. I understand that I may qualify to simultaneously practice law under the Registered Legal Services Attorney Program.
- f. I currently reside in California.
- g. I will not provide personal or individual representation to any customers, shareholders, owners, partners, officers, employees, servants, or agents of the Qualifying Institution.
- h. I will not make court appearances in California state courts or engage in any other activities for which Pro Hac Vice admission is required.
- i. I agree that in my first year of practice under the Registered In-House Counsel Program, I will satisfy all of the Minimum Continuing Legal Education requirements that members of The State Bar of California must complete every 3 years and thereafter satisfy the Minimum Continuing Legal Education Requirements applicable to all members of The State Bar of California.
- j. I will notify The State Bar of California in writing within 30 days of a change in any information provided in my application, including my address, employment at a qualifying institution, or eligibility to practice law in another jurisdiction. Eligibility would be changed by a suspension, resignation with or without charges pending, disbarment, or the like.
- k. I will provide The State Bar of California with a forwarding address to which any notices or papers may be mailed within 30 days of cessation of employment by the Qualifying Institution.
- l. I am aware that filing a certificate containing false information or otherwise failing to comply with the standards of professional conduct required of members of The State Bar of California or the rules governing Registered In-House Counsel will subject me to the disciplinary jurisdiction of The State Bar of California.

I declare under penalty of perjury under the laws of The State of California that the foregoing application and any attachments to it are true and correct.

Date: _____

Print Name: _____

Signature:

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Out-of-State Attorney Registered In-House Counsel Program
Application Attachment B- Declaration of Qualifying Institution

Eligibility Status:

I am a(n):

- ☐ Officer
☐ Director
☐ General Counsel

of: _____
(Institution Name)

Name: _____
(Individual Referenced Above)

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: () - _____ Fax: () - _____

_____ is/will be employed as In-House Counsel for the institution referenced above.
(Applicant Name)

The institution referenced above is a Qualifying Institution which is defined by California Rules of Court, rule 965 as a corporation, a partnership, an association, or other legal entity and is not a government agency and DOES NOT provide legal services to others.

☐ This institution employs at least 10 full-time employees in the State of California. (# of employees: _____)
OR

☐ This institution employs the following California attorney who is an active member in good standing of The State Bar of California.
Name: _____ Bar Number: _____

I will notify the State Bar within 30 days if the eligibility status listed above changes or if the applicant's employment ceases.

To the best of my knowledge and after reasonable inquiry, I believe that the applicant is of good moral character and qualifies for registration under California Rules of Court, rule 965 and the Registered In-House Counsel Program Rules.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Print Name: _____

Signature:

[illegible]☐ Check here if additional sheets are attached listing details of prior record of discipline.